

**ORIGINAL**FILED  
IN CLERK'S OFFICE  
U.S. DISTRICT COURT E.D.N.Y.

★ AUG 04 2020 ★

IN THE UNITED STATES DISTRICT COURT  
FOR THE EASTERN DISTRICT OF NEW YORK BROOKLYN OFFICE

Charles Saldarraiga

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-against-

Ann Coffin -  
Florida Child Support Enforcement  
Program Director

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

## Complaint for a Civil Case

**CV 20-3529**Case No. \_\_\_\_\_  
(to be filled in by the Clerk's Office)Jury Trial:  Yes  No  
(check one)

( MAUSKOPF, CH .J.

**SCANLON, M.J.,**

**I. The Parties to This Complaint**

**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

|                    |                            |
|--------------------|----------------------------|
| Name               | <b>CHARLES SALDARRIAGA</b> |
| Street Address     | 1-20 ASTORIA BLVD APT 4H   |
| City and County    | ASTORIA QUEENS             |
| State and Zip Code | NEW YORK 11102             |
| Telephone Number   | 310-413-0738               |
| E-mail Address     |                            |

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Defendant No. 1

|                              |                           |
|------------------------------|---------------------------|
| Name                         | ANN COFFIN                |
| Job or Title                 | CHILD SUPPORT ENFORCEMENT |
| (if known)                   | PROGRAM DIRECTOR          |
| Street Address               | 5050 WEST TENNESSEE ST.   |
| City and County              | TALLAHASSEE - LEON COUNTY |
| State and Zip Code           | FLORIDA 32314             |
| Telephone Number             | 805-488-8726              |
| E-mail Address<br>(if known) |                           |

Defendant No. 2

|                 |       |
|-----------------|-------|
| Name            | _____ |
| Job or Title    | _____ |
| (if known)      | _____ |
| Street Address  | _____ |
| City and County | _____ |

State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**Defendant No. 3**

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**Defendant No. 4**

Name \_\_\_\_\_  
 Job or Title \_\_\_\_\_  
 (if known) \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City and County \_\_\_\_\_  
 State and Zip Code \_\_\_\_\_  
 Telephone Number \_\_\_\_\_  
 E-mail Address \_\_\_\_\_  
 (if known) \_\_\_\_\_

**II. Basis for Jurisdiction**

Federal courts are courts of limited jurisdiction (limited power). Generally, only two types of cases can be heard in federal court: cases involving a federal question and cases involving diversity of citizenship of the parties. Under 28 U.S.C. § 1331, a case arising under the United States Constitution or federal laws or treaties is a federal question case. Under 28 U.S.C. § 1332, a case in which a citizen of one State sues a citizen of another State or nation and the amount at stake is more than \$75,000 is a diversity of citizenship case. In a diversity of citizenship case, no defendant may be a citizen of the same State as any plaintiff.

What is the basis for federal court jurisdiction? (*check all that apply*)



Federal question

Diversity of citizenship

Fill out the paragraphs in this section that apply to this case.

**A. If the Basis for Jurisdiction Is a Federal Question**

List the specific federal statutes, federal treaties, and/or provisions of the United States Constitution that are at issue in this case.

**45 CFR § 303.101 (c) Safeguards. Under expedited processes**

(2) The due process rights of the parties involved must be protected;

**45 CFR § 303.102 (g) Distribution of collections**

(3) The State must credit amounts offset on individual payment records.

**45 CFR § 303.7 (c) Initiating State IV-D agency responsibilities. The initiating State IV-D agency must:**

(2) Determine in which State a determination of the controlling order and reconciliation of arrearages may be made where multiple orders exist;

(3) Determine whether the noncustodial parent is in another jurisdiction and whether it is appropriate to use its one-state remedies to establish paternity and establish, modify, and enforce a support order, including medical support and income withholding.

(4)(i) Ask the appropriate intrastate tribunal, or refer the case to the appropriate responding State IV-D agency, for a determination of the controlling order and a reconciliation of arrearages if such a determination is necessary; and

**45 CFR § 303.72 (d) Notification of changes in case status.**

(1) The State referring past-due support for offset must, in interstate situations, notify any other State involved in enforcing the support order when it receives the offset amount from the Secretary of the U.S. Treasury.

**45 CFR § 303.72 (g) Procedures for contesting in interstate cases.:**

- (1) If the noncustodial parent requests an administrative review in the submitting State, the IV-D agency must meet the requirements in paragraph (f) of this section.
- (2) If the complaint cannot be resolved by the submitting State and the noncustodial parent requests an administrative review in the State with the order upon which the referral for offset is based, the submitting State must notify the State with the order of the request for an administrative review and provide that State with all necessary information, including the information listed under paragraph (a)(4) of this section, within 10 days of the noncustodial parent's request for an administrative review.

**31 U.S. Code § 3716. Administrative offset:**

- (3) an opportunity to inspect and copy the records of the agency related to the claim;

**28 U.S. Code § 1738B. (d) Continuing Jurisdiction.**

A court of a State that has made a child support order consistently with this section has continuing, exclusive jurisdiction over the order if the State is the child's State or the residence of any individual contestant or the parties have consented in a record or open court that the tribunal of the State may continue to exercise jurisdiction to modify its order, unless the court of another State, acting in accordance with subsections (e) and (f), has made a modification of the order.

**28 U.S. Code § 1738B. (f) Recognition of Child Support Order.**

If 1 or more child support orders have been issued with regard to an obligor and a child, a court shall apply the following rules in determining which order to recognize for purposes of continuing, exclusive jurisdiction and enforcement:

- (1) If only 1 court has issued a child support order, the order of that court must be recognized.

**UIFSA Section 209. Credit for Payments.**

A tribunal of this State shall credit amounts collected for a particular period pursuant to any child-support order against the amounts owed for the same period under any other child-support order for support of the same child issued by a tribunal of this state, or another State, a foreign country.

**UIFSA Section 319. Receipt and Disbursement of Payments.**

(a) A support enforcement agency or tribunal of this State shall disburse promptly any amounts received pursuant to a support order, as directed by the order. The agency or tribunal shall furnish to a requesting party or tribunal of another State or a foreign country a certified statement by the custodian of the record of the amounts and dates of all payments received

**42 U.S.C § 1983.**

Every person who, under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia, subjects, or causes to be subjected, any citizen of the United States or other person within the jurisdiction thereof to the deprivation of any rights, privileges, or immunities secured by the Constitution and laws, shall be liable to the party injured in an action at law, suit in equity, or other proper proceeding for redress, except that in any action brought against a judicial officer for an act or omission taken in such officer's judicial capacity, injunctive relief shall not be granted unless a declaratory decree was violated or declaratory relief was unavailable. For the purposes of this section, any Act of Congress applicable exclusively to the District of Columbia shall be considered to be a statute of the District of Columbia.

**B. If the Basis for Jurisdiction Is Diversity of Citizenship**

1. The Plaintiff(s)

a. If the plaintiff is an individual

The plaintiff, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_.

b. If the plaintiff is a corporation

The plaintiff, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_ and has its principal place of business in the State of (name) \_\_\_\_\_.

*(If more than one plaintiff is named in the complaint, attach an additional page providing the same information for each additional plaintiff.)*

2. The Defendant(s)

a. If the defendant is an individual

The defendant, (name) \_\_\_\_\_, is a citizen of the State of (name) \_\_\_\_\_. Or is a citizen of (foreign nation) \_\_\_\_\_.

b. If the defendant is a corporation

The defendant, (name) \_\_\_\_\_, is incorporated under the laws of the State of (name) \_\_\_\_\_, and has its principal place of business in the State of (name) \_\_\_\_\_. Or is incorporated under the laws of (foreign nation) \_\_\_\_\_, and has its principal place of business in (name) \_\_\_\_\_.

*(If more than one defendant is named in the complaint, attach an additional page providing the same information for each additional defendant.)*

3. The Amount in Controversy

The amount in controversy—the amount the plaintiff claims the defendant owes or the amount at stake—is more than \$75,000, not counting interest and costs of court, because (*explain*):

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**III. Statement of Claim**

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- (1) IN THE STATE OF NEW YORK QUEENS COUNTY ON 6/2/2017 TO CURRENT DATE, THE FLORIDA'S CHILD SUPPORT ENFORCEMENT PROGRAM (IV-D AGENCY) DIRECTED BY ANN COFFIN, FAILED TO PROTECT MY DUE PROCESS RIGHTS TO CONTEST OR REQUEST A HEARING PRIOR TO SUSPENSION OF LICENSE AND PASSPORT. (see **EXHIBIT A**)
- (2) A LETTER WAS SENT CERTIFIED MAIL TO THE DEFENDANT ON 5/25/20 (see **EXHIBIT B**) REQUESTING FOR AN ADMINISTRATIVE REVIEW TO ALLOW ME THE OPPORTUNITY TO INSPECT AGENCY RECORDS RELATED TO MY CHILD SUPPORT CASE # NV86176X1 AND CONTESTING ADMINISTRATIVE ENFORCEMENT UNTIL DUE PROCESS. THE DEFENDANTS NEVER REPLIED TO MY REQUEST.
- (3) ANN COLLINS IN HER FULL OFFICIAL CAPACITY DIRECTING THE CHILD SUPPORT ENFORCEMENT UNIT HAS FAILED THEIR DUE DILIGENCE AND RESPONSIBILITY TO SEEK PERSONAL, SUBJECT MATTER, AND CONTINUING EXCLUSIVE JURISDICTION. INSTEAD HAS CONTINUED ENFORCEMENT ACTIONS. NONE OF THE PARTIES INVOLVED (ANGELY DIAZ – CHILD, CHARLES SALDARIAGA-FATHER OF CHILD, AND NOELY DIAZ- MOTHER OF CHILD) IN THIS SUPPORT CASE HAS RESIDED IN FLORIDA. IN A PETITION FILED BY NOELY DIAZ (see **EXHIBIT C**) THE COURT HAS RECOGNITION OF MOTHERS RESIDENCE. INCLUDING THE STATE OF NEW JERSEY WHERE NOELY DIAZ RESIDES WITH MY CHILD HAS TERMINATED CHILD SUPPORT ENFORCEMENT ON 10/25/13 (see **EXHIBIT D**). THE CURRENT CHILD SUPPORT ORDER IS CONTROLLED BY THE TRIBUNAL IN THE STATE OF NEW YORK WHICH MAINTAINS JURISDICTION.
- (4) THE DEFENDANT HAS INTERCEPTED GOVERNMENT STIMULUS CHECK (see **EXHIBIT E**) AND FAILED TO NOTIFY (NEW YORK CHILD SUPPORT COLLECTION UNIT) REGARDING THE AMOUNT (\$1,200) INTERCEPTED. THE INTERCEPTED AMOUNT (\$1,200) WAS NEVER CREDITED TO THE ALLEGED ARREARS (see **EXHIBIT F**). THIS IS A CONTINUING PROBLEM WITH THE IV-D AGENCY OF FLORIDA. IN A SEPARATE CASE I HAD FILED A COMPLAINT WITH THE COMPTROLLER'S OFFICE TO RECUP FUNDS THAT THEY WERE UNWILLING TO RETURN (see **EXHIBIT G**).
- (5) THE AGENCY HAS ACTED WITH NEGLIGENCE, MISCONDUCT AND DISREGARD FOR FEDERAL AND STATE LAWS.

#### IV. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

Request the court to suspend further enforcement actions taken by The Child Support Enforcement program directed by Ann Coffin.

Request the court to order the Florida Child Support Enforcement directed by Ann Coffin to lift or restore driver's license and passport until my case is heard in family court for due process. And direct Florida's Child Support Enforcement program to credit the alleged arrears balance from the stimulus check that was intercepted

#### V. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

##### A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: August 3, 2020.

Signature of Plaintiff

Printed Name of Plaintiff

  
Charles Saldarriaga

# **Exhibit A**

State of New York DEPARTMENT OF MOTOR VEHICLES, Empire State Plaza, Albany, New York 12224  
ABSTRACT OF DRIVING RECORD

Document # LWEB0017  
PRINT DATE: 7/14/2020 TIME: 04:13:60 OPERATOR: WEB OFFICE: DAB

SALDARIAGA,CHARLES  
120 ASTORIA BLVD 4H  
ASTORIA NY 11102

CLIENT ID#: 132393545  
DOB: 03/05/1987 SEX: M  
HEIGHT: 6-2 EYE COLOR: BROWN  
COUNTY: QUEE  
MI #: S01414 60840 081992-87

NAME ON LICENSE/ID: SALDARIAGA  
CHARLES

LICENSE CLASS: \*D-RESTRICTED\* STATUS:SUSPENDED EXPIRATION: 03/05/2022

SUSP/REV SUMMARY: TOTAL 3 (SCOFFS 2 ON 1 DATES) JUDGEMENT \$ 0

\*\*\*\*\*  
CLASS CHANGE: 02/11/2010 ACTIVITY NEW: \*D\* OLD: PERMIT  
RESTRICTED LICENSE ISSUED 03/12/2018  
RESTRICTED LICENSE ISSUED 01/28/2019  
\*\*\*\*\*

\*\*\*\*\* SUSPENSIONS/REVOCATIONS \*\*\*\*\*  
SUSPENSION: 06/02/2017 FLD PAY CHILD SUPP ORDER #: A1705180000  
COMPLIED ON: 06/02/2017

SUSPENSION: 10/22/2015 INSURANCE LAPSE ORDER #: C1510090000  
COMPLIED ON: 10/22/2015  
CLEAR ON: 02/23/2017 REQUIREMENTS MET

SUSPENSION: 10/22/2015 INSURANCE LAPSE ORDER #: C1510090010  
COMPLIED ON: 10/22/2015  
CLEAR ON: 02/23/2017 REQUIREMENTS MET

SUSPENSION: 03/03/2020 FLD ANSWER SUMMONS ORDER #: J417306  
LOCATION: QUEENS COUNTY, QUEENS NORTH ADM. ADJ.

SUSPENSION: 03/03/2020 FLD ANSWER SUMMONS ORDER #: J417310  
LOCATION: QUEENS COUNTY, QUEENS NORTH ADM. ADJ.

\*\*\* END OF RECORD \*\*\*

This is to certify that this document is a true and complete copy of an electronic record on file in the New York State Department of Motor Vehicles, Albany, New York. The record was made in regular course of New York State Department of Motor Vehicles daily business. It is the business of the New York State Department of Motor Vehicles to create and maintain the records of drivers in the state of New York. Entries in this document are made at the time the recorded transactions or events took place or within a reasonable time thereafter. The person who reports the information is under a business duty to do so accurately.

# **Exhibit B**

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

|                        |         |
|------------------------|---------|
| Certified Mail Fee     | \$ 3.55 |
| Postage                | \$ 0.55 |
| Total Postage and Fees | \$ 4.10 |

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 0.00  
 Return Receipt (electronic) \$ 0.00  
 Certified Mail Restricted Delivery \$ 0.00  
 Adult Signature Required \$ 0.00  
 Adult Signature Restricted Delivery \$ 0.00

Postmark Here on **JUL - 7 2020**  
GRAND CAYMAN ISLANDS, KY 10711

7018 0360 0001 2715 2870  
Sent To **Child support Enforcement**  
Street and Apt. No., or PO Box No. **1900 W Commercial Blvd #90**  
City, State, ZIP+4 **Ft Lauderdale FL 33309**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
*Domestic Mail Only*

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

|                        |         |
|------------------------|---------|
| Certified Mail Fee     | \$ 3.55 |
| Postage                | \$ 0.55 |
| Total Postage and Fees | \$ 4.10 |

Extra Services & Fees (check box, add fee as appropriate)

Return Receipt (hardcopy) \$ 0.00  
 Return Receipt (electronic) \$ 0.00  
 Certified Mail Restricted Delivery \$ 0.00  
 Adult Signature Required \$ 0.00  
 Adult Signature Restricted Delivery \$ 0.00

Postmark Here on **05/27/2020**  
Received on **6/1/2020**

7019 2970 3801 2366  
Sent To **1900 FL - Ann Coffin**  
Street and Apt. No., or PO Box No. **Child Support**  
City, State, ZIP+4 **Florida, 33309**

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions



Quick Tools

Mail & Ship

Track & Manage

Postal Store

Business

International

Help



ALERT: DUE TO LIMITED TRANSPORTATION AVAILABILITY AS A RESULT OF NATIONWIDE COVID-19 IMPACTS, PACKAGE DELIVERY TIMES MAY BE EXTENDED. PRIORITY MAIL EXPRESS® SERVICE WILL NOT CHANGE. REA

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Anytime, Anywhere

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automated notifications on your packages

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Tracking Number: 70192970000038012366

[Remove X](#)

### Status

Delivered

June 1, 2020 at 1:24 pm  
Delivered, Left with Individual  
FORT LAUDERDALE, FL 33309

Delivered

[Text & Email Updates](#)



[Tracking History](#)



[Product Information](#)



Tracking Number: 70192970000038012366

Status

Delivered

Your item was delivered to an individual at the address at 1:24 pm on June 1, 2020 in FORT LAUDERDALE, FL 33309.

June 1, 2020 at 1:24 pm  
Delivered. Left with Individual  
FORT LAUDERDALE, FL 33309

Delivered

Text & Email Updates



Tracking History



June 1, 2020, 1:24 pm

Delivered. Left with Individual  
FORT LAUDERDALE, FL 33309

Your item was delivered to an individual at the address at 1:24 pm on June 1, 2020 in FORT LAUDERDALE, FL 33309.

June 1, 2020

In Transit to Next Facility

May 28, 2020, 1:18 am

Departed USPS Regional Origin Facility  
NEW YORK NY DISTRIBUTION CENTER

May 27, 2020, 10:10 pm

Arrived at USPS Regional Origin Facility  
NEW YORK NY DISTRIBUTION CENTER

May 27, 2020, 6:45 pm

Departed Post Office  
ASTORIA, NY 11106

# **Exhibit C**

F.C.A. §§ 453, 454, 459, Art.5-B  
C.P.L.R. § 5242; S.S. L. § 111-g

**FAMILY COURT OF THE STATE OF NEW YORK  
COUNTY OF QUEENS**

In the Matter of a **Support** Proceeding  
Article (4) (5-B) of the Family Court Act

Noely Diaz

Petitioner,

— against —

Charles J Saldarriaga

Respondent.

File No.: 98723

Docket #: U-19498-16/17C

CSMS No.:nv86176x1

**PETITION FOR VIOLATION OF A  
SUPPORT ORDER**

**WARNING: THE PURPOSE OF THE HEARING REQUESTED IN THIS  
PETITION IS TO PUNISH CHARLES J SALDARRIAGA:  
FOR CONTEMPT OF COURT, WHICH MAY INCLUDE SANCTIONS OF A  
FINE OR IMPRISONMENT OR BOTH. YOUR FAILURE TO APPEAR IN  
COURT MAY RESULT IN YOUR IMMEDIATE ARREST AND IMPRISONMENT  
FOR CONTEMPT OF COURT.**

TO THE FAMILY COURT:

1. Petitioner, Noely Diaz, resides at 1007 Palisade Ave, #3, Union City, NJ 07087. Petitioner, Noely Diaz, has a child in common with the respondent, Charles J Saldarriaga. Petitioner, Noely Diaz, is the person with physical custody of and is the mother of the child, Angelyn M. Diaz.

Respondent, Charles J Saldarriaga, resides at 1-20 Astoria Blvd, #4H, Astoria, NY 11102.

Respondent, Charles J Saldarriaga, has a child in common with the petitioner, Noely Diaz. Respondent, Charles J Saldarriaga, is the non-custodial party of and is the father of the child, Angelyn M. Diaz.

2. The name and date of birth of each child who is the subject of this proceeding are as follows:

| Name            | Date of Birth |
|-----------------|---------------|
| Angelyn M. Diaz | May 31, 2009  |

3. By order of this Court, dated November 16, 2016 in Queens County, NY, the Respondent was ordered to pay for the support of the above-named child and was directed to pay the sum of \$175.00 weekly to the Petitioner.

# **Exhibit D**

## BERGEN COUNTY

Probation Division, Child Support Enforcement  
133 RIVER STREET  
HACKENSACK, NJ 07601  
Website: [www.njchildsupport.org](http://www.njchildsupport.org)



(877)655-4371

Fax:

DIAZ NOELY

Plaintiff  Obligee  Obligor  
vs.

SALDARRIAGA CHARLES

Defendant  Obligee  Obligor

Docket Number: FD-02-000748-12

Case ID: CS90362264A

IV-A Case ID:

IV-E Case ID:

### NOTICE OF INTENT TO TERMINATE CHILD SUPPORT SERVICES

To: CHARLES SALDARRIAGA  
MARGARITA RIOS FOR CHRRLES SALDARRIGA  
120 ASTORIA BLVD  
APT 4H  
ASTORIA, NY 11102-5202 US

Dear CHARLES SALDARRIAGA .

Within sixty calendar days of this notice, the Probation Division will:

Request that the Court enter an order to relieve the Probation Division of the monitoring and collection of support payments and close this case for the following reason(s):

**NO CURRENT SUPPORT/ARREARS UNDER \$500.00**

and enter a judgment for the arrears due the obligee and/or the County Welfare Agency as of the date of closing.

The order may also require that future support payments be paid directly to the obligee.

Child support services will be continued if you provide the Probation Division with new information that would lead to enforcement of the support order or if you re-establish contact with the Probation Division. If services are terminated and new information becomes available at a later date, you may reapply for child support services.

OR

Close your case because your support order has been vacated and no arrears exist. If you do not want your case closed, you may reapply for child support services at the Family Court.

If you have questions about this notice or have any information that would affect the termination of your child support services, please contact the Probation Division.

10/25/2013

Date

TINA WALSH  
SENIOR PROBATION OFFICER

CS037

11939196001227020200

031\TINA.WALSH\CS90362264A\90362265

11939196 - 001227 of 005034 - 02 of 02





006238

**THIS IS NOT A BILL  
PLEASE RETAIN FOR YOUR RECORDS**

04/26/13



CHARLES SALDARRIAGA  
99-11 CORONA AVE APT 4H  
CORONA NY 11368-3174

094483394

As authorized by Federal law, we applied all or part of your Federal payment to a debt you owe. The government agency (or agencies) collecting your debt is listed below.

ATTN: CHILD SUPPORT TAX OFFSET UNIT  
BERGEN-PROBATION  
133 RIVER STREET  
HACKENSACK NJ 07601

TIN Num: 066-74-4053  
TOP Trace Num: 094483394  
Acct Num: 066744053  
Amount This Creditor: \$1062.00  
Creditor: 02 Site: NJ

(800) 621-5437  
PURPOSE: Child Support

The Agency has previously sent notice to you at the last address known to the Agency. That notice explained the amount and type of debt you owe, the rights available to you, and that the Agency intended to collect the debt by intercepting any Federal payments made to you, including tax refunds. **If you believe your payment was reduced in error or if you have questions about this debt, you must contact the Agency at the address and telephone number shown above.** The U. S. Department of the Treasury's Financial Management Service cannot resolve issues regarding debts with other agencies.

We will forward the money taken from your Federal payment to the Agency to be applied to your debt balance; however, the Agency may not receive the funds for several weeks after the payment date. If you intend to contact the Agency, please have this notice available.

U. S. Department of the Treasury  
Financial Management Service  
(800) 304-3107  
TELECOMMUNICATIONS DEVICE FOR THE DEAF (TDD) (866) 297-0517

**PAYMENT SUMMARY**

PAYEE NAME: CHARLES SALDARRIAGA  
PAYMENT BEFORE REDUCTION: \$1062.00  
TOTAL AMOUNT OF THIS REDUCTION: \$1062.00  
PAYING FEDERAL AGENCY: Internal Revenue Service  
(See Insert on Tax Refund Offsets for Additional Information)

PAYMENT DATE: 04/26/13  
PAYMENT TYPE: Check  
SPLIT REFUND CODE:

FOR OFFICIAL USE ONLY: 0000005784 09448339447560360401527892425ALTR-P01CHAR006113

RL0709



# **Exhibit E**

007699

**U.S. Department of the Treasury**  
Bureau of the Fiscal Service  
P.O. Box 1686  
Birmingham, AL 35201-1686

22

**PLEASE RETAIN FOR YOUR RECORDS**

04/15/20

SALDARRIAGA, CHARLES  
120 ASTORIA BLVD APT 4H  
ASTORIA, NY 11102-5202



174926323

**What Happened to My Payment?**

The U.S. Department of the Treasury, Bureau of the Fiscal Service (Fiscal Service), applied all or part of your payment to delinquent debt that you owe. This action is authorized by federal law. Below is your payment information:

Payment From: Internal Revenue Service  
Payee Name: SALDARRIAGA, CHARLES  
Original Payment: \$1200.00

Payment Date: 04/15/20  
Payment Type: EFT

**Who Do I Owe?**

We applied your payment to debt that you owe to the following agency:

CHILD SUPPORT PROGRAM  
1900W COMMERCIAL BLVD ST 190  
FT LAUDERDALE FL 33309-7134

TOP Trace Number: 174926323  
Account#: 066744053  
Applied to This Debt: \$1200.00  
Type of Debt: Child Support

(850) 488-5437

Please see additional pages for other debts, if any.

**What Should I Do Now?**

If you agree that you owe the debt, you do not need to do anything. Your debt balance has been reduced. If you believe that your payment was applied in error, you would like to resolve your debt, or you have questions about your debt or outstanding balance, contact the agency listed under Who Do I Owe. Please have this notice available when you contact the agency.

Only an agency listed under Who Do I Owe has information about your debt. Before sending a debt to Fiscal Service, an agency must send notice to you at the address in its records. The notice explains the amount and type of debt you owe, the rights available to you, and the agency's intention to collect the debt by applying eligible federal payments made to you.

For questions about your debt, please call the agency listed under Who Do I Owe. If you have questions about the Treasury Offset Program, please visit our website at [www.fiscal.treasury.gov/TOP](http://www.fiscal.treasury.gov/TOP) or call 1-800-304-3107.



THE WHITE HOUSE

WASHINGTON

NOTICE DATE: April 15, 2020  
NOTICE NUMBER: 1444 (EN-SP)

Charles Saldarriaga  
120 Astoria Blvd., Apt. 4H  
Astoria, NY 11102-5202

RECEIVED  
U.S. POSTAL SERVICE

**Your Economic Impact Payment Has Arrived**

My Fellow American:

Our great country is experiencing an unprecedented public health and economic challenge as a result of the global coronavirus pandemic. Our top priority is your health and safety. As we wage total war on this invisible enemy, we are also working around the clock to protect hardworking Americans like you from the consequences of the economic shutdown. We are fully committed to ensuring that you and your family have the support you need to get through this time.

On March 27, 2020, Congress passed with overwhelming bipartisan support the Coronavirus Aid, Relief, and Economic Security Act (CARES Act), which I proudly signed into law. I want to thank the United States House of Representatives and the United States Senate for working so quickly with my Administration to fast-track this \$2.2 trillion in much-needed economic relief to the American people.

This includes fast and direct economic assistance to you.

I am pleased to notify you that as provided by the CARES Act, you are receiving an Economic Impact Payment of \$ 1,200.00 by Direct Deposit. We hope this payment provides meaningful support to you during this period.

Every citizen should take tremendous pride in the selflessness, courage and compassion of our people. America's drive, determination, innovation and sheer willpower have conquered every previous challenge---and they will conquer this one too. Just as we have before, America will triumph yet again---and rise to new heights of greatness.

~~We will do it together, as one nation, stronger than ever before.~~

President Donald J. Trump

For more information on your Economic Impact Payment, please visit IRS.gov/coronavirus or call 800-919-9835.

# **Exhibit F**



|                     |                     |
|---------------------|---------------------|
| Account Number      | NV86176X1           |
| Custodial Parent    | NOELY DIAZ          |
| Noncustodial Parent | CHARLES SALDARRIAGA |
| County              | New York            |

## Noncustodial Parent EIC

If your income meets the guidelines and you've paid your full yearly obligation, you may qualify.

## Total Arrears Owed

As of 07/31/2020, the total arrears owed on this account is \$16766.03.

## Payments

The following are the most recent payments applied to your account:

### Payment Date Payment Amount

|            |          |
|------------|----------|
| 07/27/2020 | \$262.50 |
| 07/20/2020 | \$8.64   |
| 07/16/2020 | \$8.64   |
| 07/13/2020 | \$86.40  |
| 10/29/2019 | \$8.64   |
| 10/29/2019 | \$8.64   |
| 10/29/2019 | \$8.64   |
| 10/29/2019 | \$8.64   |
| 09/24/2019 | \$8.64   |
| 09/20/2019 | \$8.64   |

## Tax Refund Offsets

See questions and answers about income tax refund offsets.

# **Exhibit G**

OFFICE OF THE COMPTROLLER CITY OF NEW YORK

NOTICE OF CLAIM

CLAIMANT INFORMATION

CLAIMANT'S NAME: Charles Saldarriaga TEL. #: (347) 653-1925  
STREET ADDRESS: 1-20 Astoria Blvd Apt 4H  
CITY: Long Island City STATE: NY ZIP: 11102  
SOC. SEC. # or TAX I.D. #: 066-74-4053

CLAIM INFORMATION

CITY AGENCY INVOLVED: Child Support Enforcement unit

NATURE OF CLAIM: (ATTACH ADDITIONAL SHEET(S) OF PAPER, IF NECESSARY)

I received a refund for the amount of \$187.50  
with a remaining balance of \$-567.92.  
When asked for the remaining balance to be refunded,  
the agency stated that they don't physically have  
the money to refund me the amount. To file a  
lawsuit.

TOTAL AMOUNT CLAIMED: \$ 567.92

IF MORE THAN ONE ITEM IS INCLUDED IN THE TOTAL AMOUNT CLAIMED, SUPPLY BREAKDOWN  
OF AMOUNTS AND SPECIFY ITEMS: (ATTACH ADDITIONAL SHEET(S), IF NEEDED)

| <u>ITEM</u> | <u>AMOUNT</u> |
|-------------|---------------|
| 1. _____    | \$ _____      |
| 2. _____    | \$ _____      |
| 3. _____    | \$ _____      |
| 4. _____    | \$ _____      |
| 5. _____    | \$ _____      |

2021 JUN 21 PM 3:48

**OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE****DIVISION OF CHILD SUPPORT ENFORCEMENT****View Payments****Welcome CHARLES J SALDARRIAGA****Account Number:** NV86176X1**Custodial Parent:** NOELY DIAZ**Noncustodial Parent:** CHARLES J SALDARRIAGA**Do you earn less than \$33,995 per year?**You may qualify for the New York State Noncustodial Earned Income Credit.**Total Arrears Owed**As of 07/18/2011, the total arrears owed on this account is  
**\$-455.42.****Payments**

The following are payments applied to your account from 05/28/2011 to 07/18/2011:

**Payment Date Payment Amount**

|            |          |
|------------|----------|
| 07/11/2011 | \$112.50 |
| 07/05/2011 | \$112.50 |
| 06/27/2011 | \$112.50 |
| 06/20/2011 | \$112.50 |
| 06/13/2011 | \$112.50 |
| 06/06/2011 | \$112.50 |
| 05/31/2011 | \$112.50 |

If you have any questions about your account, please contact your local child support office.W3C 

\* FILED \*  
2020 AUG -4 PM 1:43

CLERK  
U.S. DISTRICT COURT  
ED.N.Y.  
LETTER MAILING BOX

SCANNED

ATTENTION:

New Case  
Pro Se Office